

# REGISTRATION FOR PRISM WEB TRAINING CLASS

E-mail To: Prismwebtraining@cfsc.army.mil

Fax To: 703-681-5363

*Please type or print clearly*

Name (Last, First MI)		Name as it will appear on your name tag	
Title/Position		Civilian Grade	
Organizational Address			
Installation/City		State	Zip
DSN Office Phone	Commercial Office Phone	Fax Phone	
E-mail address			
I am registering as a <input type="checkbox"/> Buyer (Contracting Personnel) <input type="checkbox"/> Application Administrator <input type="checkbox"/> Requestor <input type="checkbox"/> Approver of Purchase Requests			
First choice for training location and date Location: _____ Date: _____			
Second choice for training location and date Location: _____ Date: _____			
Please notify me of my training location and date via <input type="checkbox"/> Fax <input type="checkbox"/> E-mail			
Trainee's signature		Date	Supervisor's signature and title
			Date

CONFIRMATION VIA FAX ☐ You are an alternate for the following and will be notified NLT five working days prior to start date if the class becomes available.

\_\_\_\_\_ is assigned to receive PRISM Web training as a  
Name

\_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_  
Buyer/AA Location Date